



Rex/18
cc
JFW

PTO/SB/30 (04-05)

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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/053,184-Conf. #6062
	Filing Date	November 9, 2001
	First Named Inventor	Yuji Furuta
	Art Unit	2613
	Examiner Name	E. J. Rekstad
	Attorney Docket Number	K3281.0010

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1985, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the arguments in the Amendment After Final Action previously filed
on _____

July 12, 2005

ii. Other _____

b. Enclosed

i. Amendment/Reply ii. Information Disclosure Statement (IDS)
ii. Affidavit(s)/Declaration(s) iv. Other _____

2. **Miscellaneous**

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)

b. Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.

i. RCE fee required under 37 CFR 1.17(e) (\$790.00)

ii. Extension of time fee (37 CFR 1.136 and 1.17) (\$450.00)

iii. Other _____

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	September 7, 2005
Name (Print/Type)	Jay R. Blum	Registration No.	42,336

9/08/2005 JADD01 00000064 10053184

1 FC:1801

790.00 OP

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/053184
100531840

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	13	
FOR		NUMBER FILED
TOTAL CHARGEABLE CLAIMS	13	minus 20 = 0
INDEPENDENT CLAIMS	3	minus 3 = 0
multiple dependent claim present		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR	BASIC FEE 740.00
X3 9=		OR	X318=
X42=		OR	X34=
+140=		OR	+280=
TOTAL		OR	TOTAL 740

* If the difference in column 1 is less than zero, enter "0" in column 2

12/30/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	15	Minus	00
	Independent	5	Minus	3 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X3 9=		X318=	
X42=		X34=	400
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	400

7-12-05 (Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	15	Minus	00
	Independent	5	Minus	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X3 9=		X318=	
X42=		X34=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

9/9/05 (Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	15	Minus	00
	Independent	5	Minus	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X3 9=		X318=	
X42=		X34=	
+140=		+280=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.